

Section: UTMB On-line Documentation	2.12 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	2.1.20- Reviewed
Topic: 02.12 - Ophthalmology	1979 - Author

02.12 - Ophthalmology

Purpose To outline guidelines for infection control practices in Ophthalmology.

Audience All employees of UTMB hospitals and clinics, contract workers, volunteers, and students in the Department of Ophthalmology.

Policy

- Hand hygiene (alcohol hand rub or hand washing) shall be performed before and after each patient contact (even if gloves are worn). All employees are required to perform hand hygiene before beginning work, after using the rest room and prior to leaving work.
- Hand hygiene (using an alcohol hand rub or hand washing with an antimicrobial soap) shall be performed prior to the performance of high risk procedures such as insertion or manipulation of an invasive device or before surgical procedures and operations (even minor surgical procedures), and in all ICUs.
- Alcohol gels, may be used for hand disinfection in place of an antimicrobial handwash. Hands that are grossly contaminated must be washed with soap prior to hand disinfection.
- Handwashing brushes shall be single-use.
- In the absence of a true emergency, personnel shall always perform hand hygiene:
 - before performing invasive procedures, whether or not sterile gloves are worn;
 - before and after contact with wounds, whether surgical, traumatic, or associated with an intravenous device;
 - between all patient contacts and after contact with a source that is likely to be contaminated with virulent microorganisms or hospital pathogens such as an object or device contaminated with secretions or excretions from patients.
- Gloves shall be worn when exposure to blood or any other body fluids, excretions or secretions is likely.

Handwashing Procedure

- Use warm water to wet the hands.
- Apply antimicrobial soap.
- Work up a good lather.
- Apply with vigorous contact on all surfaces of the hands.

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- Wash hands for at least 10-15 seconds.
 - Rinse, avoid splashing.
 - Keep hands down so that run off will go into the sink and not down the arm.
 - Dry well with paper towels and use the paper towels to turn off the faucet.
 - Discard the towels into the appropriate container.
- Hand Antiseptics
- Same as hand washing except substitute an antiseptic soap for the lotion soap.
 - Alcohol gel may be substituted for antiseptic soap. The following technique should be applied:
 - If hands are visibly soiled, wash hands with antiseptic soap prior to application of alcohol gel.
 - Apply enough alcohol gel to cover the entire surface of hands and fingers.
 - Rub the solution vigorously into hands until dry..
- Fingernails
- Healthcare workers with direct patient contact shall adhere to CDC and UTMB epidemiology guidelines. They must maintain fingernails so that their natural nail tips should not extend past the ends of their fingers. Artificial nail enhancements are not to be worn. This includes, but is not limited to, artificial nails, tips, wraps, appliques, acrylics, gel, glue, and any additional items applied to the nail surface. Nail polish is permitted, but anything applied to natural nails other than polish is considered an enhancement. Chipped nail polish supports the growth of organisms on fingernails and is strictly prohibited. Individual departments can institute measures, in addition to those above, to comply with established standards of care in specialty areas.
- Instruments
- Speculums that are used for eye examinations must be sterile.
 - Clinic staff will maintain a supply of sterile speculums for the doctors performing eye exams.
 - Once the speculum has been used, the physician will return it to clinic staff for reprocessing.
 - Transport all non-disposable instruments from the sterile field to the dirty room for reprocessing.
- Eye drops
- Eye drop medications must be discarded and replaced with a new

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bottle when the manufacturer's expiration date is exceeded unless the product becomes contaminated.

- The bottle should be dated when opened.
- When administering eye drops, do not touch the dropper to the eye. Discard the bottle if the dropper comes in contact with the eye, including eye lashes.

Retrobulbar Injections

- After administering retrobulbar injections, immediately place the needle and syringe into the sharps container.
- All instruments used during retrobulbar injections are disposable.

Disinfection of Tonometer Prisms

- Tonometer prisms must be disinfected after each patient use.
- Saturate a cotton ball with 70% ethyl alcohol and mechanically disinfect the prism. Allow it to air dry before use.

Tono-Pen 2

- The Ocu-Film tip cover of the Tono-Pen 2 is for single use only. The tip cover must be changed after each patient use.
- Keep the probe tip protected with an Ocu-Film tip cover when not in use or when in storage.
- The probe post must be cleaned with optical quality compressed gas before the first use each day, before instrument storage, in the event of unanticipated readings, or if a "good" calibration check cannot be obtained. Refer to the manufacturer's guidelines.
- Since Goldman Applanation Tonometers cannot be effectively disinfected between patients, patients must be carefully screened, prior to use of the Goldman Applanation Tonometer, for any signs of infection prior to its use on all patients.
- The greatest risk is for transmission of the Adenoviruses. If a patient has any signs of eye inflammation, that are consistent with possible infection with an Adenovirus, the Goldman Tonometer should not be used on the patient. If used, the prism must either be discarded or disinfected by soaking in 70% ethanol for 5 minutes, rinsed and dried.
- If there is evidence of a possible outbreak of Adenovirus keratoconjunctivitis or eye infections due to any other microorganism, the Department of Infection Control & Healthcare Epidemiology should be notified immediately at 23192 or 409-643-3133.

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- References
- HS International Goldmann Applanation Tonometer Instruction Manual. HAAG-STREIT AG-CH-3098; Koeniz, Switzerland.
 - Durand ML., Weber OJ, Rutala WA. Healthcare-associated eye infections. In: Mayhall, C.G. Hospital Epidemiology and Infection Control, Ed. Philadelphia: Lippincott Williams and Wilkins, 4th Ed, 2012.